## Summary of Benefits Report for Washington, Medicaid InsureKidsNow.gov

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<b>Preventive Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	2 x year		
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Permanent teeth = 2,3,14,15,18,19,30 & 31; Primary teeth = A,B, I, J, K, L, S & T	
Space maintainers	Yes	1 x lifetime	1 time per quadrant	
<b>Diagnostic Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	2 x year	outside of dental office by hygienist	
Dental examinations	Yes	1 x 6 months		First tooth, first birthday
Assessment of risk for tooth decay	No			
X-Rays			1	
Bitewing	Yes	1 x year	maximum of 4 per year	
Full Mouth	Yes	1 x every 3 years	age 14 and older	
Panoramic	Yes	1 x every 3 years		
<b>Treatment Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes		once every 2 years unless new decay	
Tooth colored composite	Yes		once every 2 years unless new decay	
Crowns/tooth caps				
Stainless steel crowns	Yes		once every 3 years	
Metal (only) crowns	Yes - only with prior authorization		age 15 and older, permanent teeth, not covered for posterior teeth	
Metal/porcelain crowns	Yes - only with prior authorization		age 15 and older, permanent teeth, not covered for posterior teeth	
Porcelain (only) crowns	Yes - only with prior authorization		age 15 and older, permanent teeth, not covered for posterior teeth	
Root Canals (endodo	ntics)			
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Gum (periodontal) therapy	Yes - only with prior authorization					
Dentures						
Partial dentures	Yes - only with prior authorization					
Complete dentures	Yes - only with prior authorization					
Bridges	No					
Orthodontics*						
Retainers (orthodontic)	Yes - only with prior authorization					
Braces	Yes - only with prior authorization					
Oral surgery						
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					
Cleft palate treatment	Yes					
Cancer treatment	Yes					
Treatment of fractures	Yes					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	No					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes - only with prior authorization					
Anesthesia						
General anesthesia	Yes - only with prior authorization		no PA age 8 and younger and all ages for DD clients	No PA for 9 and older for oral surgery services		
Intravenous conscious sedation	Yes - only with prior authorization		no PA age 8 and younger and all ages for DD clients	No PA for 9 and older for oral surgery services		
Non-intravenous conscious sedation	Yes - only with prior authorization					
Analgesia (nitrous oxide)	Yes					

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<sup>\*</sup> When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).